

Name
in
Full

Mildred Allmunt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dawsonville</u>		County <u>Tunely</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>3</u>	Day <u>11</u>	Age <u>2</u>	Months <u>/</u>	Days <u>16</u>
Sex <u>Femalr</u>	Color or Race <u>White</u>	Birthplace <u>Dawsonville Md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Lawrence Allmunt</u>	Father's Birthplace <u>Dawsonville</u>				
Mother's Maiden Name <u>Ella V. Thomas</u>	Mother's Birthplace <u>Buckeytown</u>				
Name of person giving information <u>—</u>	How related to deceased <u>—</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lobar pneumonia

How long

3 wks.

Immediate

Covid.

How long

1 wk.

Are the name, age, sex, color, date and place correctly given above?

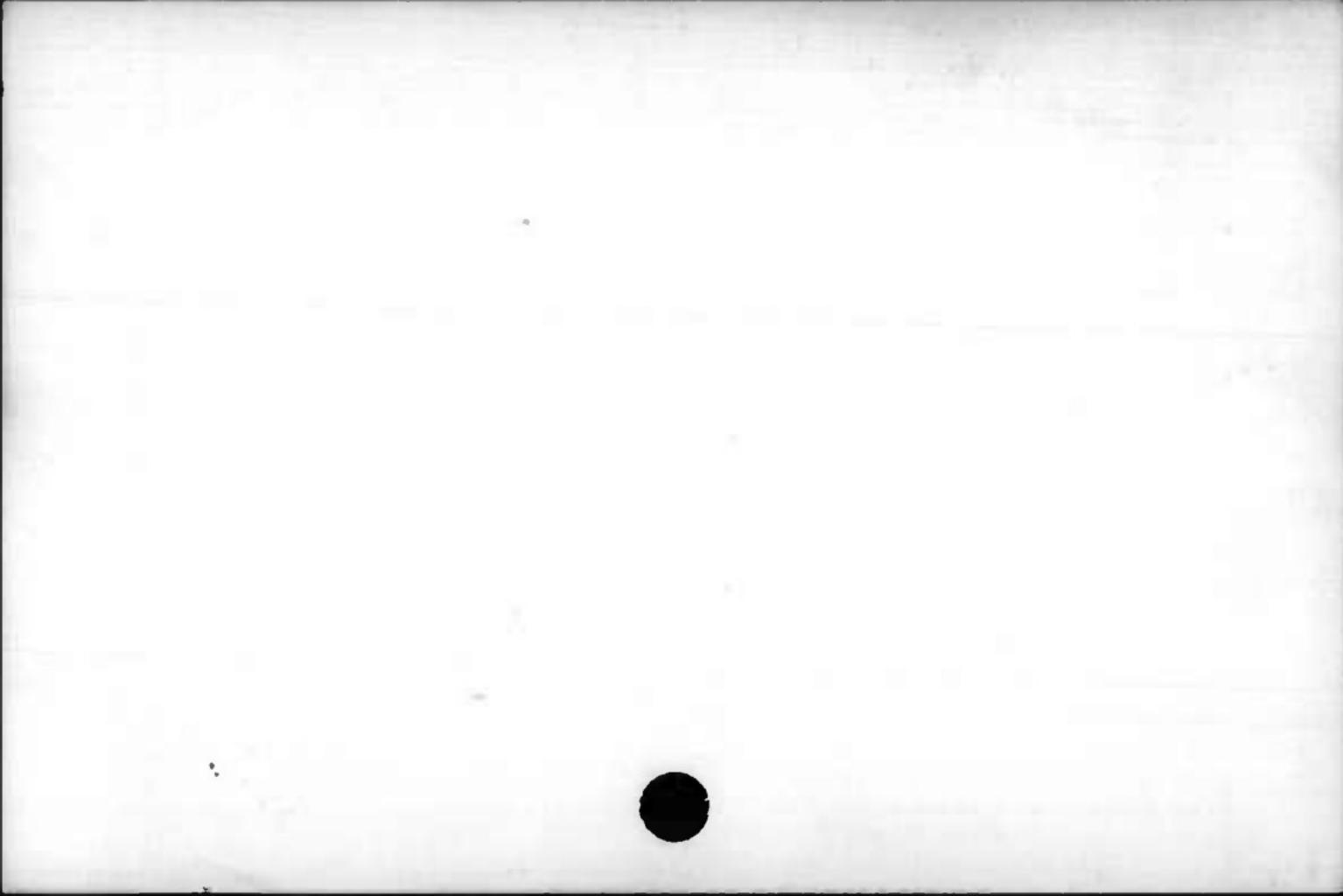
Yes

Signature of Physician

Address

H-D. House 1
Dawsonville Md.

Accident or Suicide? —



Name in Full

Certificate of Death

Mabelle Askins

Town County
Unity Montgomery MARYLAND

Died at Died at _____
1905 Month Day

Date Mar. 28 Y. M. D. Native of Occupation
~~1905~~ ~~Mar.~~ ~~28~~ 2 0 5 Unity _____

~~Mother~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of _____

Wife _____

Father's

Name

unrecorded

Mother's Name

Busie Askins

Cause of Primary Worms

How long sick

2 mo.

Death Immediate Convulsions

Accident, Suicide, Homicide

Reported by R H Lansdale Jr.

Address

Unity Md.



Name
in
Full

Alexander Benson Bean

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MAY		
Date of death	Month	Day	Years	Months	Days
190	March	10th	Age 78	7	3
Sex	male	Color or Race	white	Birth-place	Md
Occupation	Farmer		Where Residing if not at place of death	above	
Married, Single or Widowed	Name of Wife or Husband		Ann Maria Bean		
Father's Name	Noble Bean		Father's Birthplace	Md	
Mother's Maiden Name	Elizabeth Bell		Mother's Birthplace	Md	
Name of person giving information	James T. Bean		How related to deceased	son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

How long

Several years

Immediate

Heart Failure

120

How long

Imm

Are the name, age, sex, color, date and place correctly given above?

In doubt

Signature of Physician

Address

J. W. Chaff
3901 Grant
Washington

Accident or Suicide?



Dr. J. W. Chappell
Tonley town

D.C.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Mosiah Beckwith

Town

County

MARYLAND

Died at Sugarland

Montgomery

Date of death 1905 Month 3 Day 31

Age 42 Years 1

Months — Days —

Sex Female

Color or Race

Negro.

Birth-place

Sugarland

Occupation

Where Residing if not
at place of death

Hauswife

Married, Single
or Widowed

Name of Wife or
Husband

Robert Beckwith

Father's Name

W. G. Taylor

Father's Birthplace

Mother's Maiden Name

—

Mother's Birthplace

Name of person giving
Information

W-D.

How related
to deceased

64

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Endocarditis

How long

Immediate

Refrain cerebral artery - Conv.

How long

1 wk.

Are the name, age, sex, color, date
and place correctly given above?

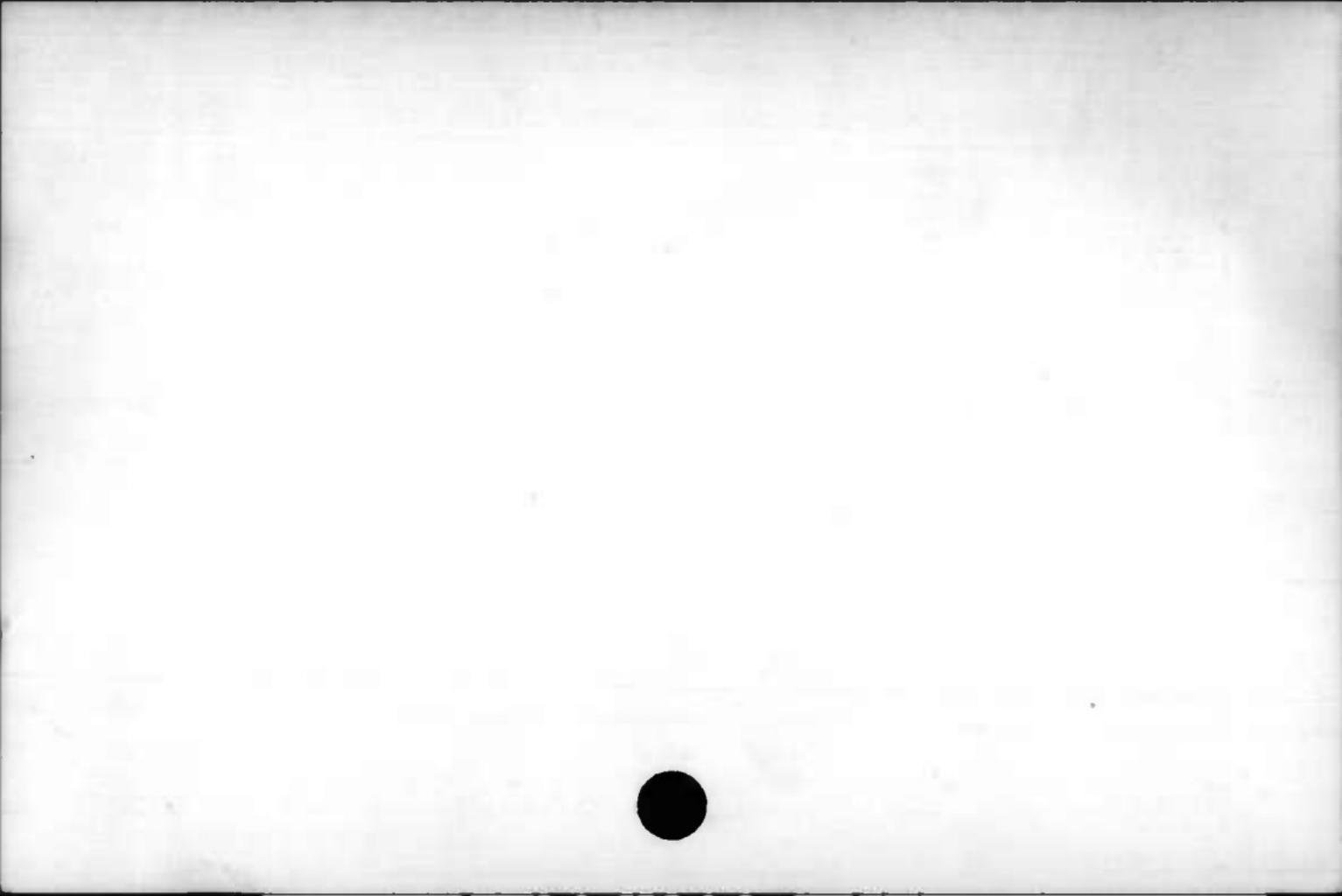
Yes

Signature of
Physician

Address

R-D. Bourne
Dawsonville Md.

Accident or Suicide?



Name in Full

Certificate of Death

Robt. B. Brown

Town

Unity

County

Montgomery

MARYLAND

Died at

1905-

Date 109

Month

Day

Dec. 16

Y. M. D.

Age
Married

73 11 28

Native of

Maryland

Occupation

Mechanics

Male

White

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband
of

Hannah R. Sullivan

Father's
Name

Robert Brown

Mother's
Name

Jennie Bond

Cause of

Primary

Paralysis

How long sick

5 years

Death

Immediate

apoplexy

Accident, Suicide, Homicide

Reported by

Address

H. G. Skinner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Martha L. Brudette

Town

Millinix P.O.

County

Mount.

MARYLAND

Died at

Date 1905

Month
MarchDay
7

Y.

M.

D.

Native of

U. S.

Occupation

House wife

Widow

Divorced

White

Colored

Age 22
Married

Single

Widower

Divorced

—

—

Female

—

Colored

Single

Number of children living

1

Husband of

Thomas Brudette

Wife

Father's

James H. Bolton

Mother's

Mary Luder

Name

Maiden Name

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Miscarriage

9 days

Accident, Suicide, Homicide

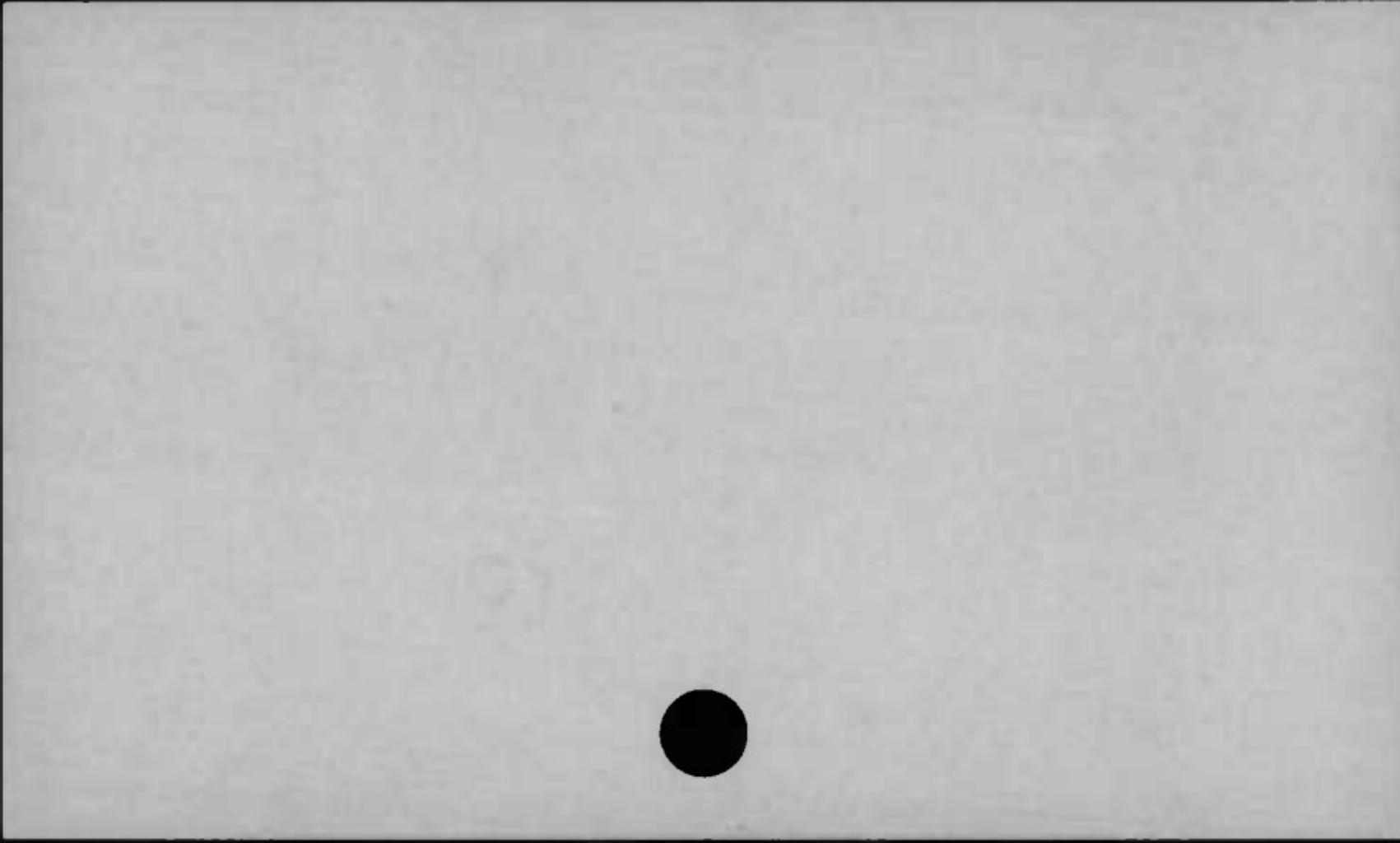
Reported by

P. S. Lansdale M.D.

Address

Damascus Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lewis Burrough
Town County

Died at oakdale MARYLAND

Date of Birth	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1905	8	7		-	-	4	Md	-
Male	White		Married			Widow	Divorced	
Female	Colored		Single			Widower	Number of children living	

Husband of

Wife

Father's Name

Lewis Burrough

Mother's Name

Lydia Burrough

Cause of Death

Primary

Convulsions

How long sick

12 hours

Death

Immediate

-



Accident, Suicide, Homicide

Reported by

Roger Brooke

Address

Sandy Spring Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

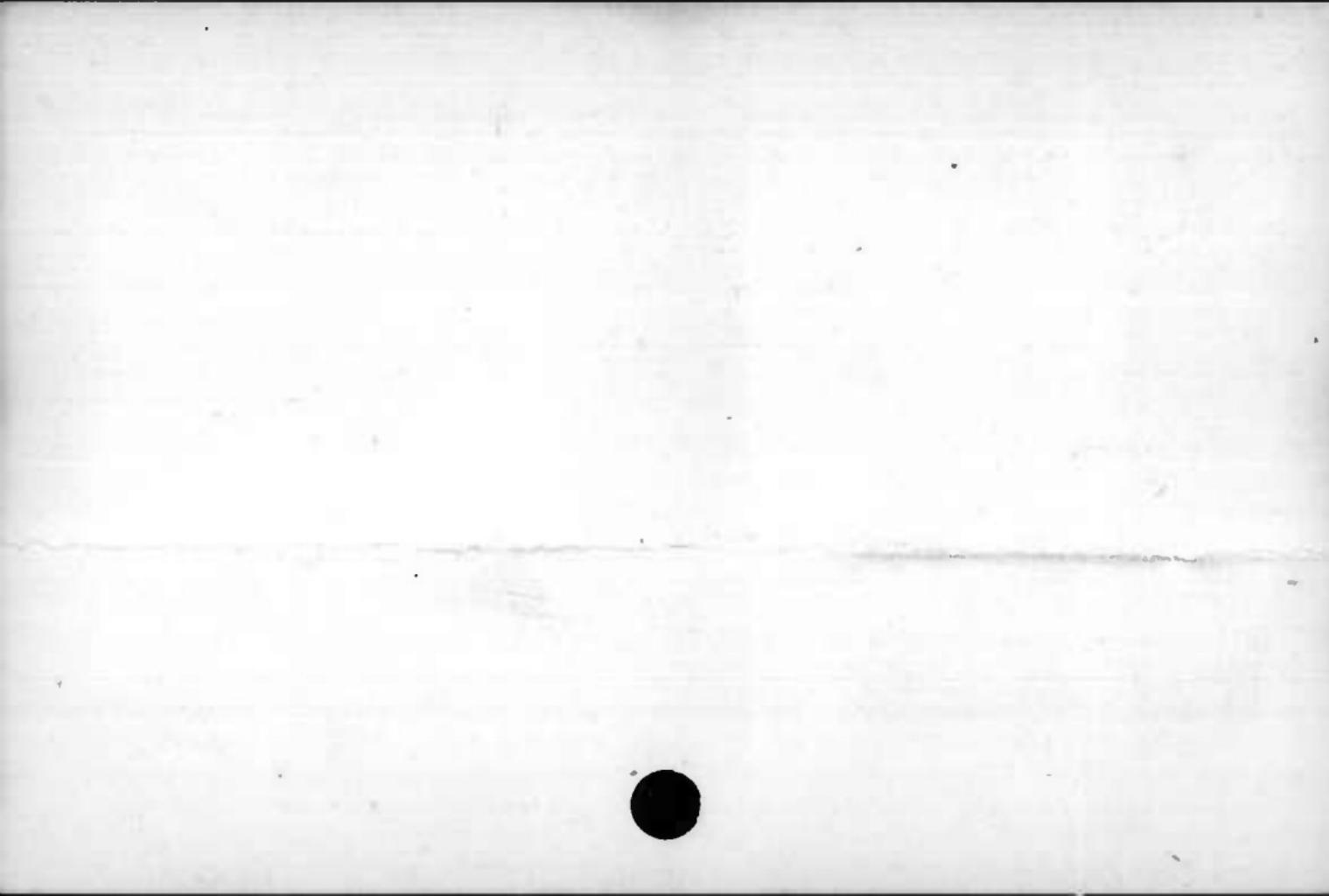
PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at Boliverill Town Mary County			MARYLAND		
Date of death 1903	Month March	Day 15	Age 73	Years	Months Days
Sex Male	Color or Race Black	Residence Howard Co			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name John Bock	Father's Birthplace Howard Co				
Mother's Maiden Name Maria Derry	Mother's Birthplace Howard Co				
Name of person giving Information Michael Peter	How related to deceased Son				

CAUSES OF DEATH

Primary Found Dead.	179	How long
Immediate Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician J. R. Basson Address Spencerville Md

Accident or Suicide?



Eugene Dorsey

Town

Elmwood

County

Montgomery

MARYLAND

Died at

Date 1905

Month Mar

Day 23

Y. M.

D.

Age 2

Native of

Md

Occupation

None

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

Moses Dorsey

Mother's

Maiden Name

Aurilia Logan

How long sick

Cause of

Primary

Supposed to be

93

4 days

Death

Immediate

Dysentery

Accident, Suicide, Homicide

Reported by

D. W. Walling, Towsonville.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Richard Dorsey

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at ^{Town} near Rockville County ^{County} Montgomery

MARYLAND

Date of death ^{Month} 1905 ^{Day} 3 ^{Years} 75 ^{Months} — ^{Days} —

Sex Male Color or Race Negro Birth-place Maryland

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed ^{Name of Wife or Husband} Widower —

Father's Name William Dorsey

Father's Birthplace Maryland

Mother's Maiden Name —

Mother's Birthplace Maryland

Name of person giving Information J. William Rabbitt

How related to deceased Not at all

CAUSES OF DEATH

Primary

Albuminuria

How long

One year

Immediate

Pericardial dropsy

✓ 25

How long

Two weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. Anderson M.D.,
Rockville, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died		Town	County			
Date of death	1905 - March	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Age	'99	
Occupation	Housewife		Where Residing if not at place of death	Near Gaithersburg		
Married, Single or Widowed	Name of Wife or Husband		Jacob Day	Richardson		
Father's Name	Richard Willis		Sarah Willis	Gaithersburg		
Mother's Maiden Name	Sarah Willis		Daughter	Gaithersburg		
Name of person giving information	Mrs. Day		(M)	Son		
CAUSES OF DEATH						
Primary	Organic heart disease			Two days		
Immediate	Heart failure			Without the		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
Jack				Address		
E. G. Richardson Gaithersburg, Md.						

PHYSICIAN
OR CORONER

Accident or Suicide?



Dr. E. C. Etchison
Gaithersburg
Maryland

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Georgie Durrace					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1905	March	18	28				
Sex	Female	Color	Rate	Birth-place	Washington D.C.		
Occupation	Housewife			Where Residing if not at place of death	Washington D.C.		
Married, Single or Widowed	Name & Wife of Husband			Father's Name	Josephine Durrace		
Father's Name	John Durrace			Mother's Name	Josephine Durrace		
Mother's Maiden Name	Margaret Davis			How related to deceased	Husband		
Name of person giving information	Frank Durrace						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Puerperal Septicaemia

How long

5 days

Immediate

"

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

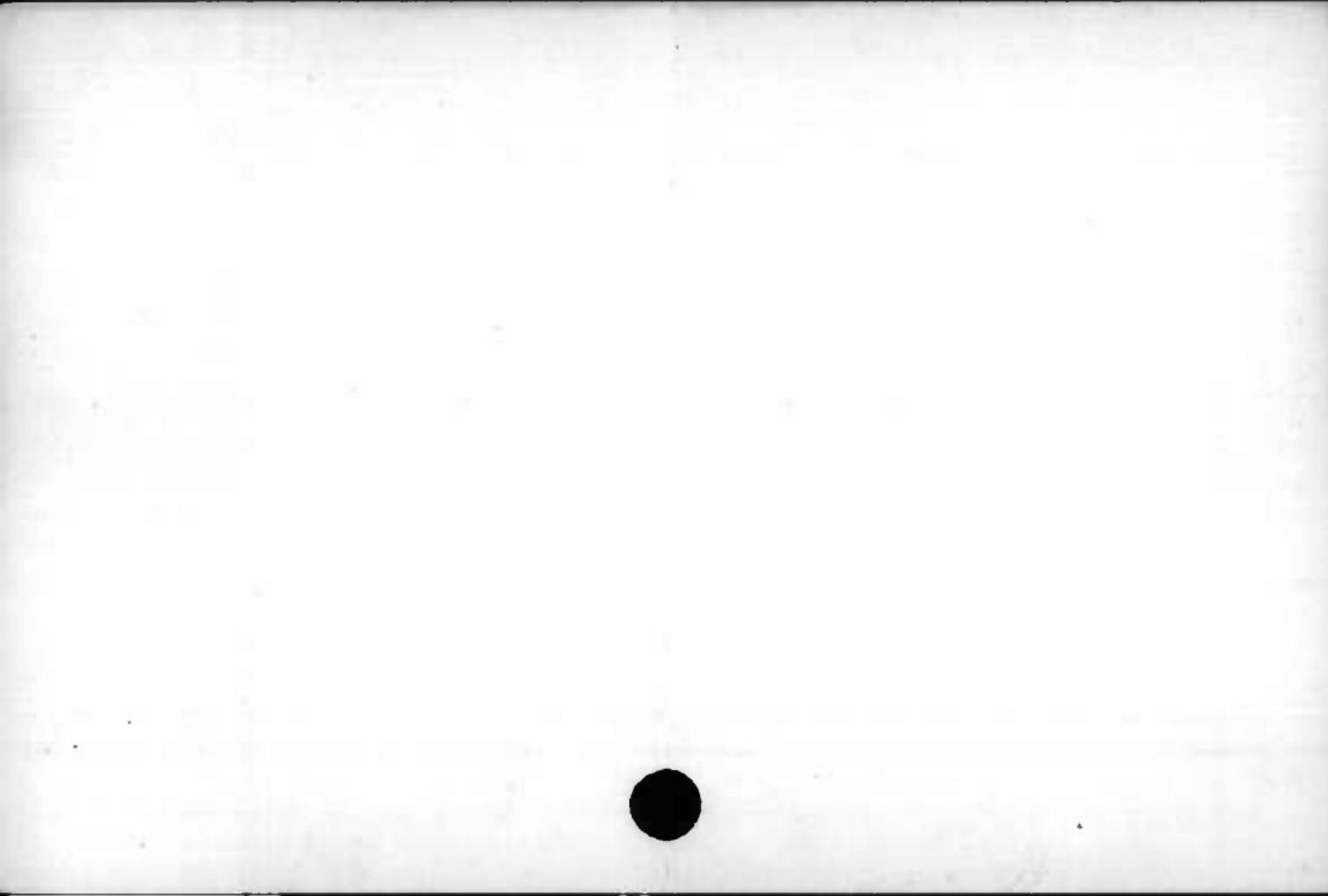
Yes

Signature of Physician

Address

E. E. Chapman
Fairfaxburg
Md

Accident or Suicide?



Name
in
Full

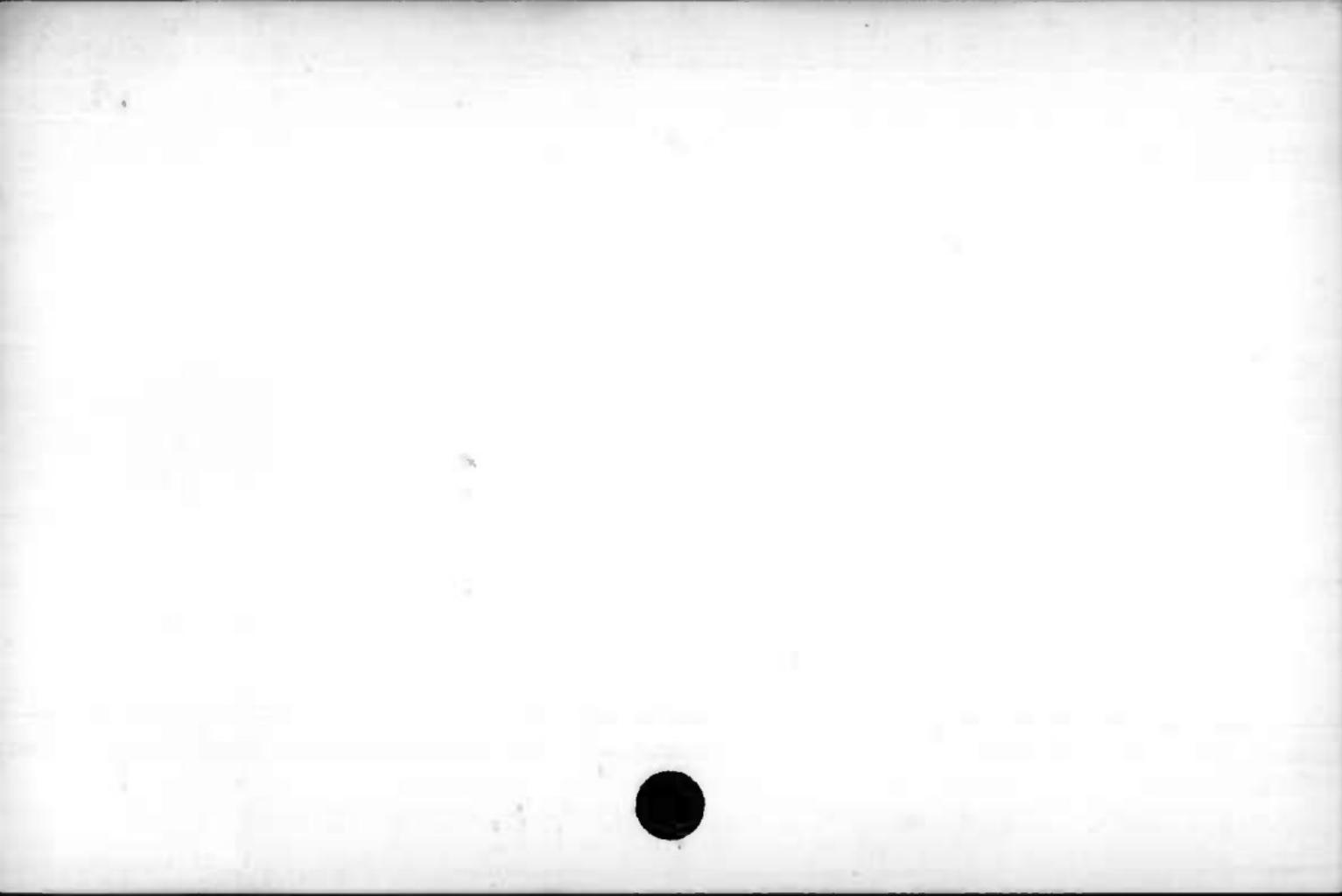
Lewis Garner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	3	10	62	—	—
Sex	Male	Color or Race	Negro.	Birthplace	Ky.
Occupation	Day laborer.				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Francis Garner (deceased)			
Father's Name					
Mother's Maiden Name					
Name of person giving information	M.D.				
(21)					
CAUSES OF DEATH					
Primary	Pulmonary tuberculosis				How long
Immediate	Asthenia				4 yrs.
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
Yes				Address	
PHYSICIAN OR CORONER	U.D. Bourse M.D. Danville Md.				

Accident or Suicide?



Name
in
Full

Mary Granger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bear Roedville</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>17</u>	Years <u>48</u>	Age <u>48</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>ned</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X</u>					
Father's Name				Father's Birthplace		
Mother's Maiden Name <u>The M. Lomdale</u>				Mother's Birthplace <u>ned</u>		
Name of person giving information				How related to deceased <u>2</u>		

CAUSES OF DEATH

Primary	<u>Tuberculosis. Pulmonary & Meningeal</u>	How long	<u>1 year</u>
Immediate	<u>Exhaustion</u>	How long	<u>—</u>

PHYSICIAN
OR CORONER

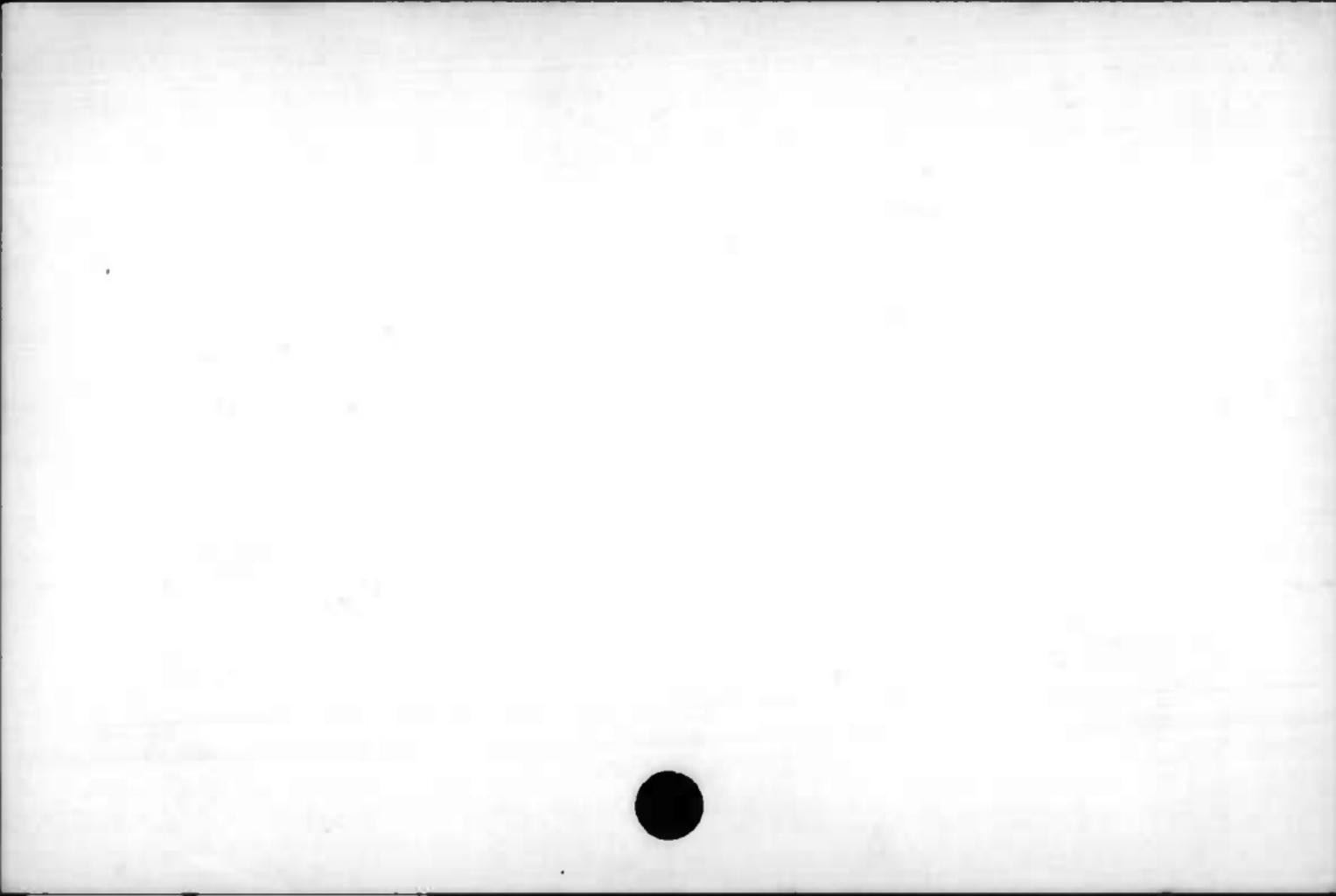
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

On the corner
Roedville
ned

Accident or Suicide? No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Fannie Howard

CERTIFICATE OF DEATH					
Died at	Town	County			MARYLAND
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation	Name of Wife or Husband				
Married, Single or Widowed	Single				
Father's Name	George Howard			Father's Birthplace	Virginia
Mother's Maiden Name	Eliza Stewart			Mother's Birthplace	Maryland
Name of person giving Information	George Howard			How related to deceased	Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

Four days

Immediate

Bewildered

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Edward Anderson M.D.

Address

Rockville, Md.

Accident or Suicide?



Name
in
Full

Willie James

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Pooleville Md			
Father's Name	John James			Father's Birthplace	Lubburg Va
Mother's Maiden Name	Bertrice Thompson			Mother's Birthplace	Marionburg
Name of person giving information	John James			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

(93) ✓

How long

9 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

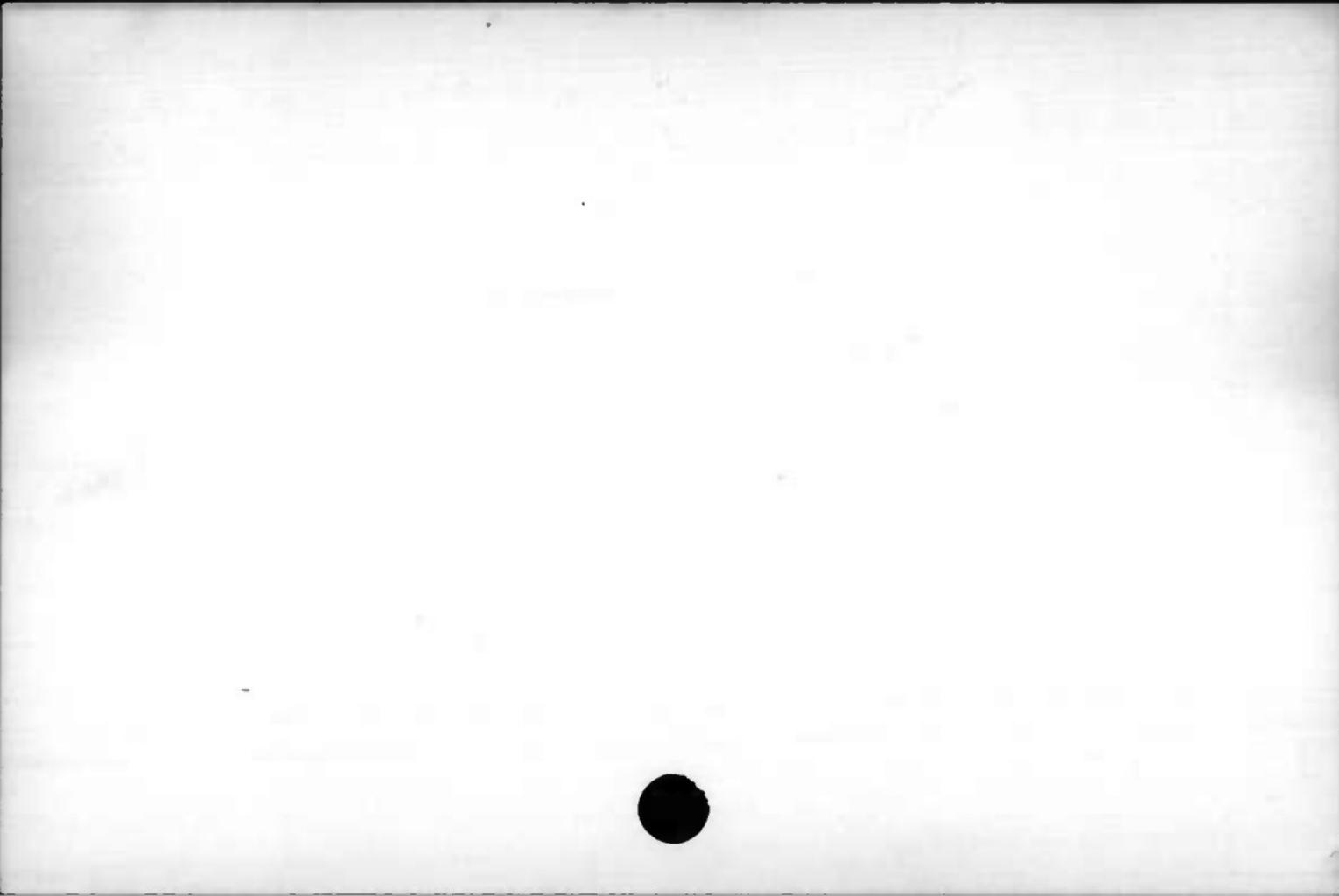
Address

R. H. Scott

Pooleville

Md

Accident or Suicide?



Name
in
Full

Marshall Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <u>Barnesville</u>	County <u>Montgomery</u>	MARYLAND		
Date of death	Month <u>March</u>	Day <u>28</u>	Age <u>8</u>	Years	Months <u>5</u> Days <u>26</u>
Sex	<u>male</u>	Color or Race <u>Colored</u>	Birth- place	<u>Barnesville</u>	
Occupation	<u>School boy</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Harrison Johnson</u>		Father's Birthplace	<u>Barnesville</u>	
Mother's Maiden Name	<u>Ida Hutchinson</u>		Mother's Birthplace	<u>Barnesville</u>	
Name of person giving Information	<u>Harrison Johnson</u>		How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>		How long	<u>Three Months</u>
Immediate	<u>Heart Failure</u>		How long	<u>29</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Dr. Stonestreet</u>	
		Address	<u>Barnesville Maryland</u>	
Accident or Suicide?				

Dr W. J. Lewis
Kensington
Montgomery Co
Md

Name
in
Full

Olie Jordan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month	Years	Months	Days	
Sex Female	Color or Race	Age 20	0	0	
Married, Single or Widowed Single	Occupation	None			
Name of Wife or Husband	Father's Name	Father's Birthplace	Va.		
Mother's Maiden Name	Alice Lerosse	Mother's Birthplace	"		
Name of person giving information	W. H. Jordan	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

4 moe

Immediate

Syncope

How long

2

A few minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

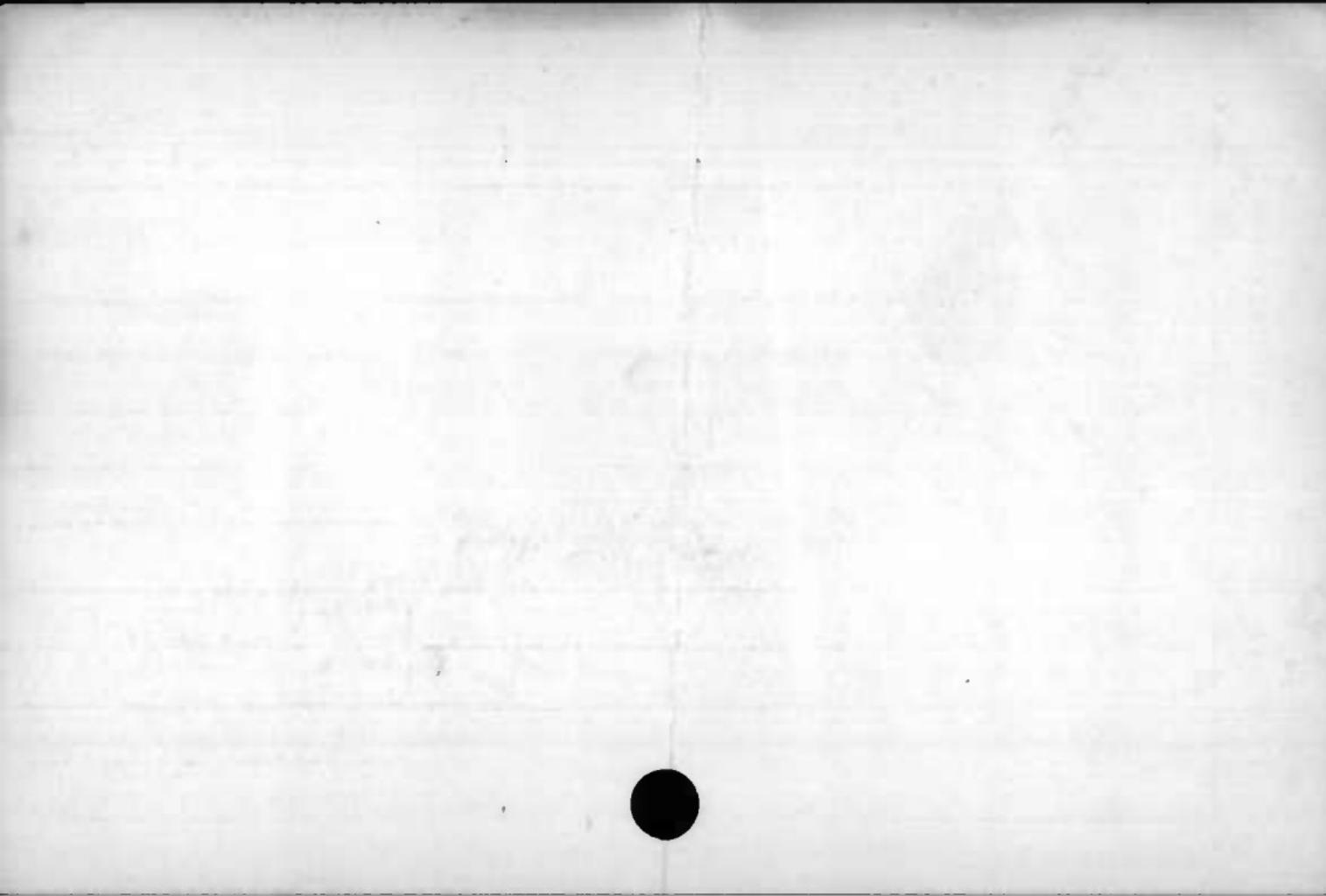
Address

W. G. Brown

Silver Spring

Accident or Suicide?





Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Baltimore		Town	County Maryland		MARYLAND	
Date of death 1905	Month March	Day 31	Years 74	Age	Months 6	Days
Sex Male	Color or Race Black	Birth-place North Carolina				
Occupation laborer	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Rachel Nelson					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information Geo Bullova	How related to deceased son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dropsy

How long

17

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

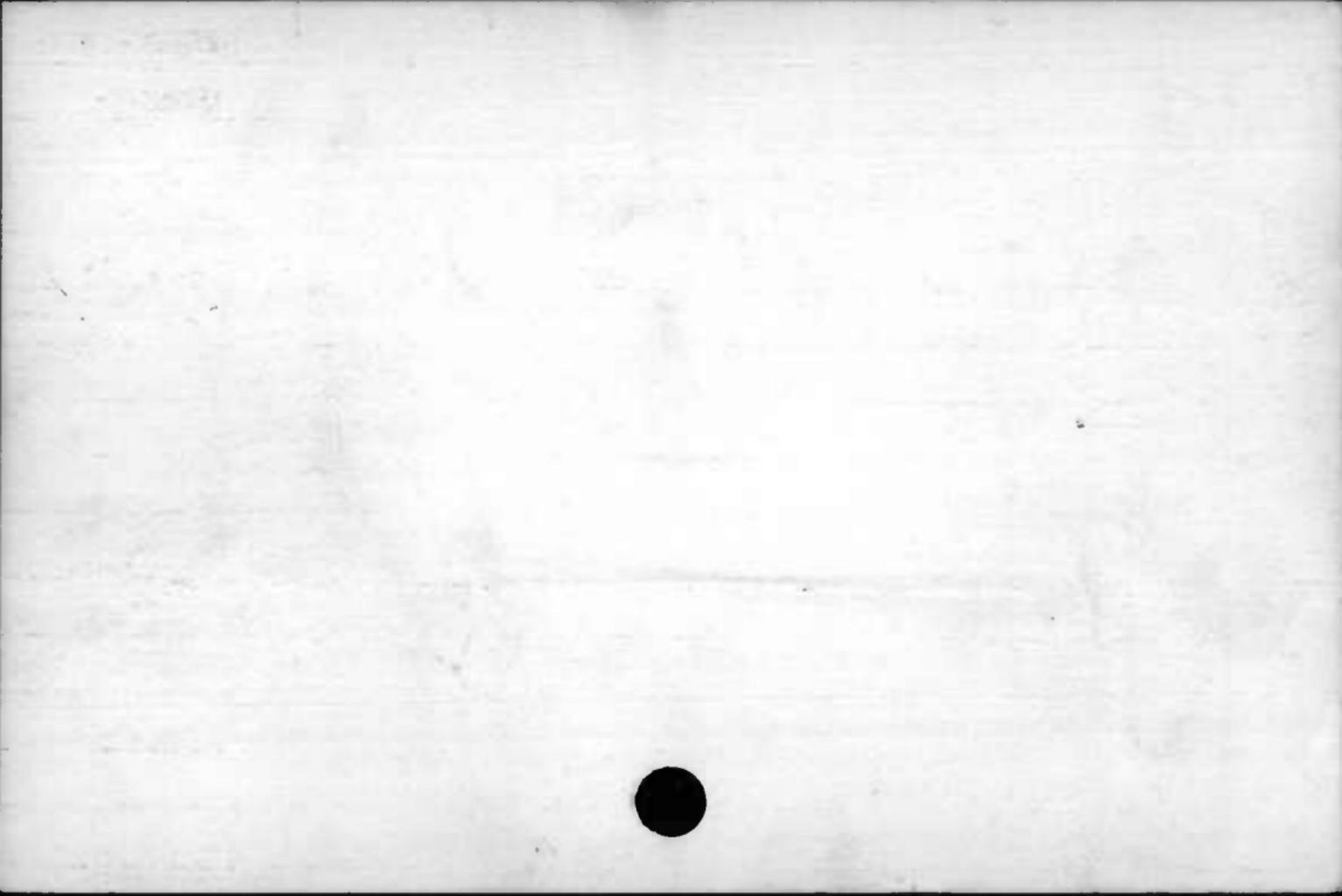
Yes

Signature of Physician

John R. Batson
Spencerville

Address

Accident or Suicide?



Name
in
Full

Ida McAllister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month March	Day 12	Age 21	Years	Months 0	Days 0
Sex	Female	Color or Race	Colored		Birth-place	Md.	
Married, Single or Widowed	Singilee	Occupation	None				
Name of Wife or Husband							
Father's Name	Albert McAllister				Father's Birthplace	Md.	
Mother's Maiden Name	Rachael Nelson				Mother's Birthplace	"	
Name of person giving Information	Robt Nelson				How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

18 mos.

Immediate

Syncope

How long

2

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

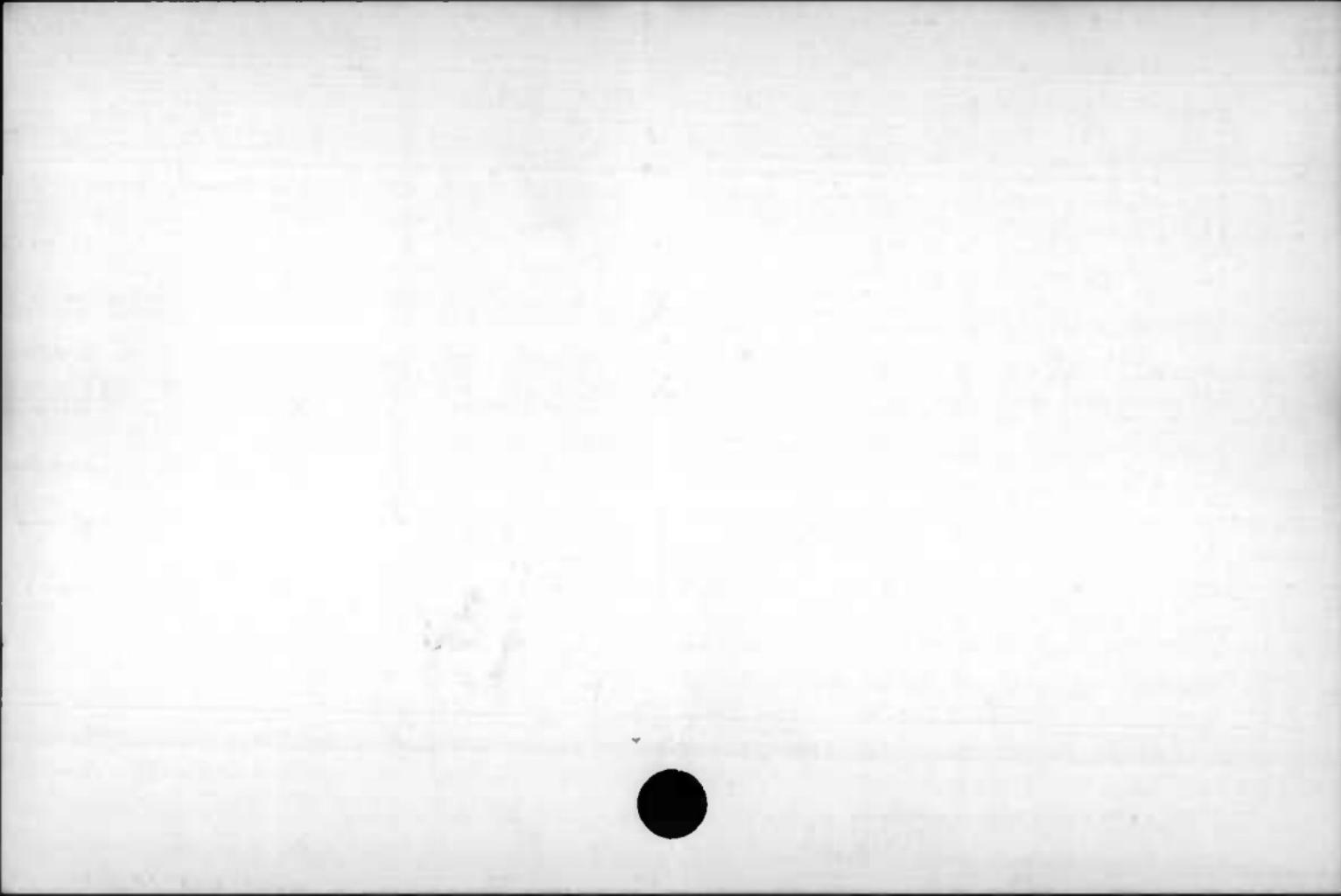
H. J. Brown

Burnt Mills

Md.

Yes -

Accident or Suicide?



Name
in
Full

Mabel McAllisters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month March	Day 18	Years Ago 4	Months 5	Days 7
Sex Female	Color or Race Colored	Occupation			
Married, Single or Widowed Single					
Name of Wife or Husband					
Father's Name Roland McAllisters				Father's Birthplace	Montgomery Co. Md.
Mother's Maiden Name Francese Pumpfrey				Mother's Birthplace	Montgomery Co. Md.
Name of person giving information William E. Bellows				How related to deceased	Cousin

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Nephritis.

(19)

How long
three months

Immediate
Uraemia & Meningitis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Cleas. Farquhar

Qluey

Med.

Accident or Suicide?



Name
in
Full

Laura Olivia Matthews

CERTIFICATE OF DEATH

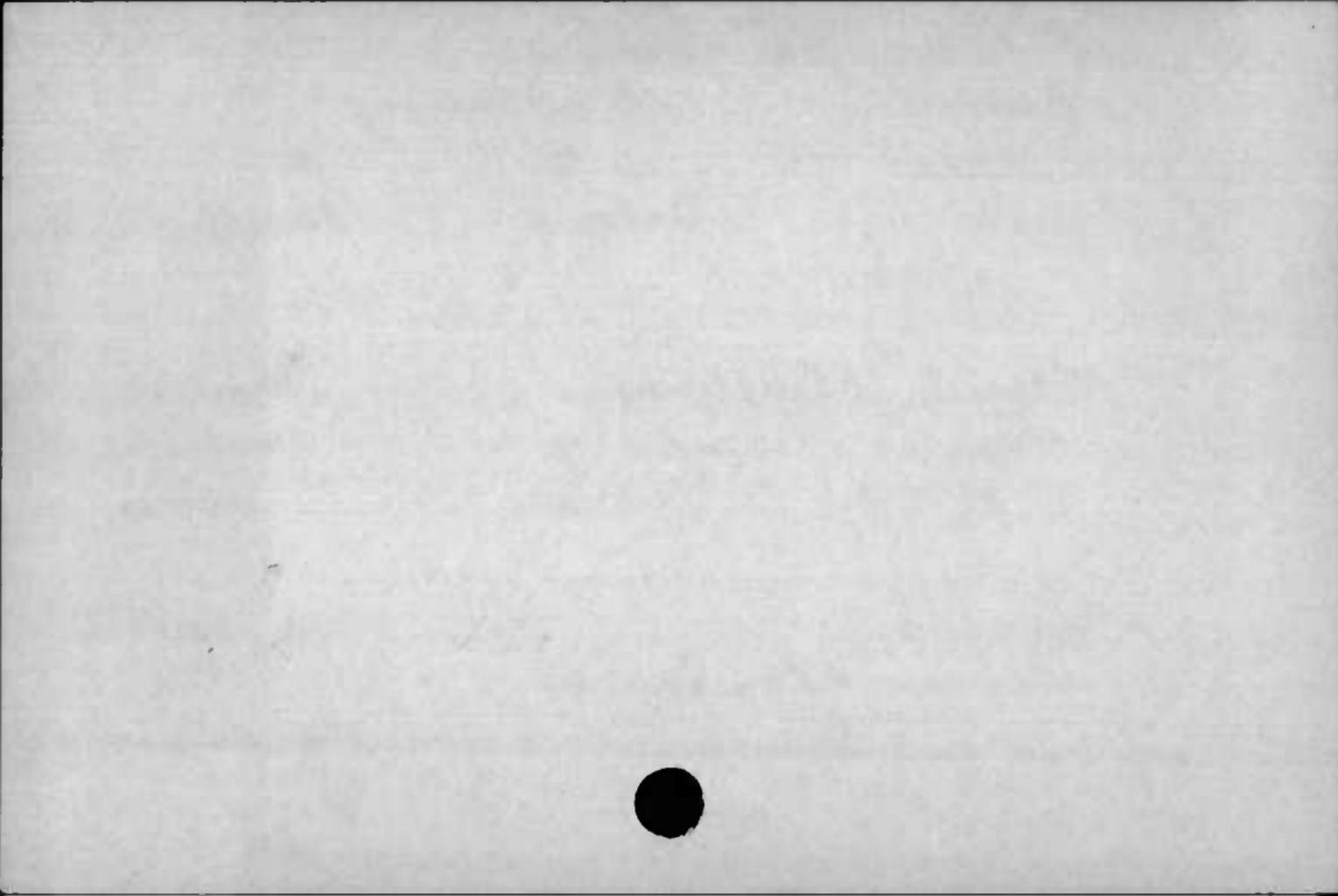
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Montgomery		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	March	23	4	1	7	
Sex	Female	Color or Race	Colonial	Birth-place	Brinklow	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	William John Henry Matthews			Father's Birthplace	Sandy Spring	
Mother's Maiden Name	Mary Louis Pratt			Mother's Birthplace		
Name of person giving Information	Aug Stabler			How related to deceased	Brinklow	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long	3 weeks
Immediate	Heart failure		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Aug Stabler
			Address	Brighton, Md.
Accident or Suicide?				



Name
in
Full

Ellen Dearborn Menard-

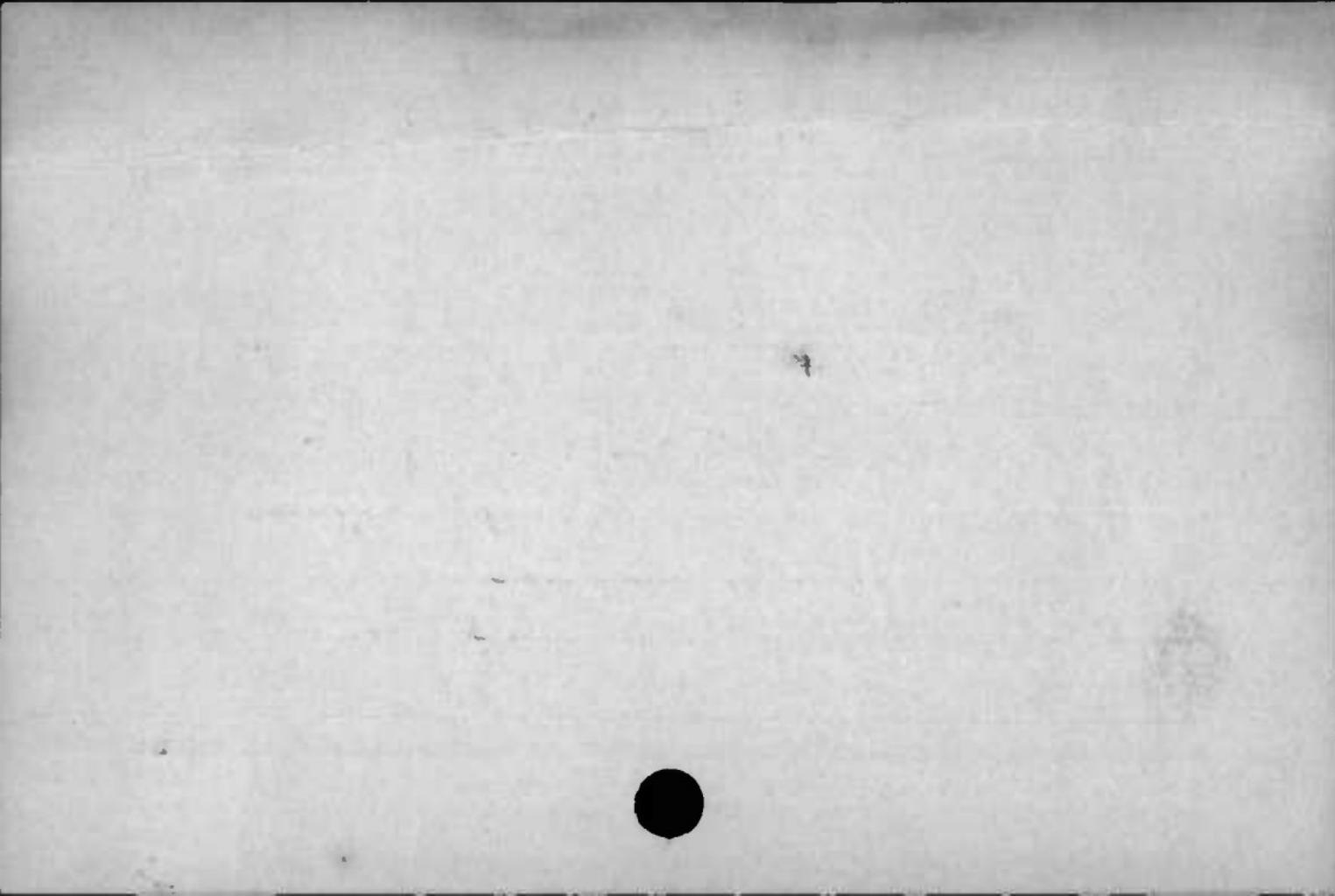
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Norwood</u>		Town <u>Montgomery</u> County		MARYLAND		
Date of death <u>1905</u>	Month <u>March</u>	Day <u>25</u>	Years <u>65</u>	Age <u>65</u>	Months <u>6</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Loudoun Co. Va.</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>New Norwood, Montgomery Co., Md.</u>					
Married, Single Widowed	Name of Wife or Husband <u>Jno. B. Menard</u>					
Father's Name <u>Curtiss Gubb</u>	Father's Birthplace <u>Loudoun Co. Va.</u>					
Mother's Maiden Name <u>Harriett E. Hough</u>	Mother's Birthplace <u>Winchester Va.</u>					
Name of person giving Information <u>Mrs. Julia M. Palmer</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

Primary	Gastric Carcinoma	How long <u>40</u> 5 or 6 months
Immediate	<u>Exhaustion</u>	How long <u>10 or 12 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wm. J. Green</u>
		Address <u>Brookville</u>
		<u>Maryland.</u>
Accident or Suicide?		



Miss Mary Adelaide Oxley

Town

County

Died at

Martinsburg

Montgomery

MARYLAND

Month

Day

Y.

M.

D.

Date 19 05

March 4^tAge
Married

Widow

Native of

Occupation

Male

White

Female

Colored

Single

Divorced

None

Number of children living

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Mother's Maiden Name

Primary

Immediate

Paralysis

B. W. Walling M.D.

Poolesville. Md

How long sick

3 week

Accident Suicide Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Wm Reed - C.S.A.

CERTIFICATE OF DEATH

Died at <u>Martinsburg</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>31.</u>	Age <u>63.</u>	Months <u>8</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Va.</u>			
Occupation <u>Merchant and farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <u>Virginia Hilliard</u>	Father's Birthplace <u>Va.</u>			
Father's Name <u>John Reed</u>					Mother's Birthplace <u>Va.</u>
Mother's Maiden Name <u>Laura Douglas</u>					How related to deceased <u>Sister</u>
Name of person giving information <u>Mrs Ditter</u>					

CAUSES OF DEATH

Primary

Garcinoma of Liver

(40) down long
now long

down long

4 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

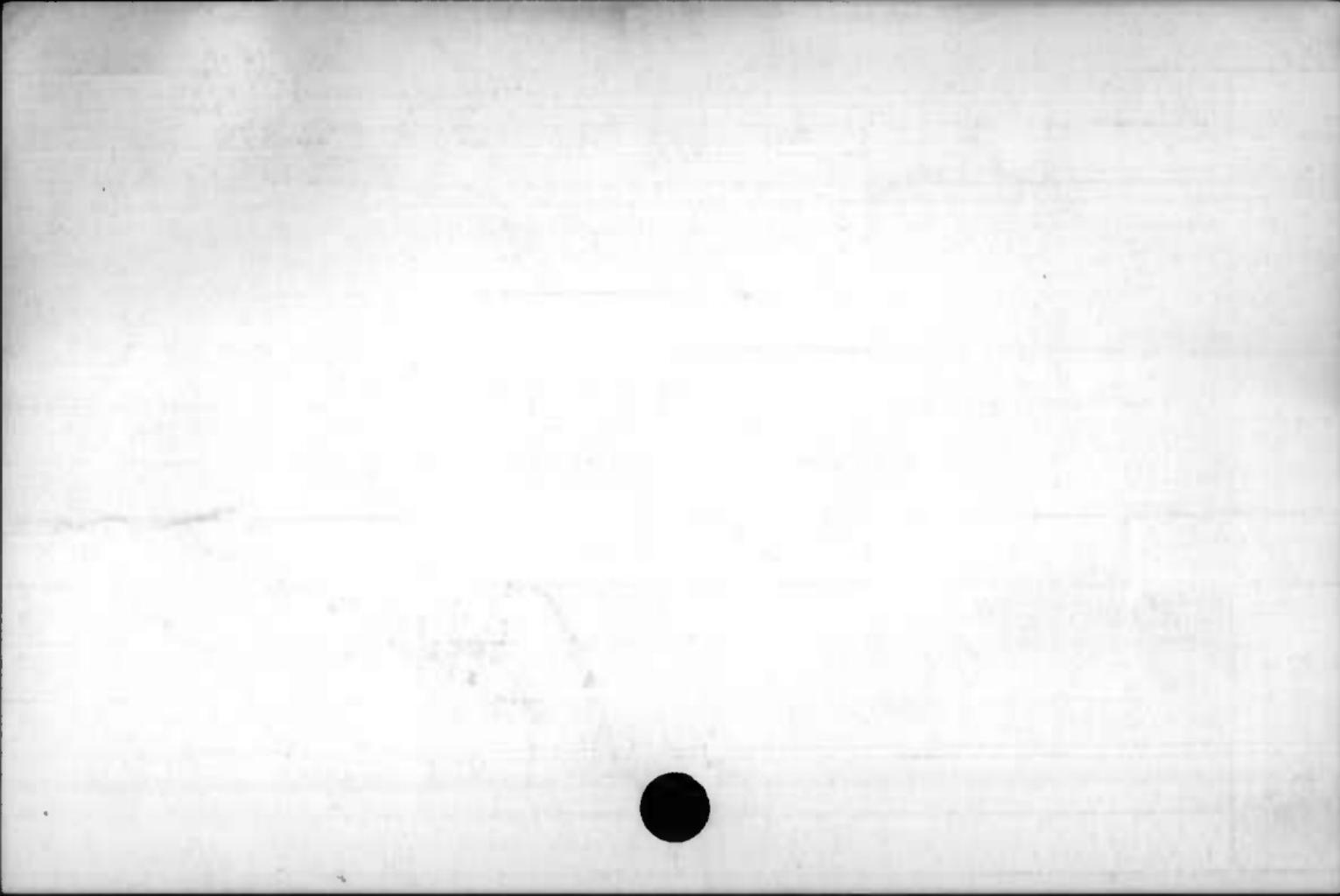
yes

Signature of Physician

Address

D.W. Walling M.D.
Poolesville Md

Accident or Suicide?



Name
in
Full

Harriet Riggs

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Barnesville		Town	County Montgomery		MARYLAND		
Date of death 1907	Month March	Day 9	Age 51	Years	Months	Days	
Sex	Color or Race	Colored		Birth-place	Montgomery, Md		
Married, Single or Widowed	Indorred	Occupation	Cook	Father's Birthplace			
Name of Wife or Husband	Percy Riggs		Mother's Birthplace				
Father's Name			Name of person giving Information	Tom Johnson	How related to deceased	not related	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease (170) Few long years

Immediate

Utral Insufficiency Three weeks

Are the name, age, sex, color, date and place correctly given above?

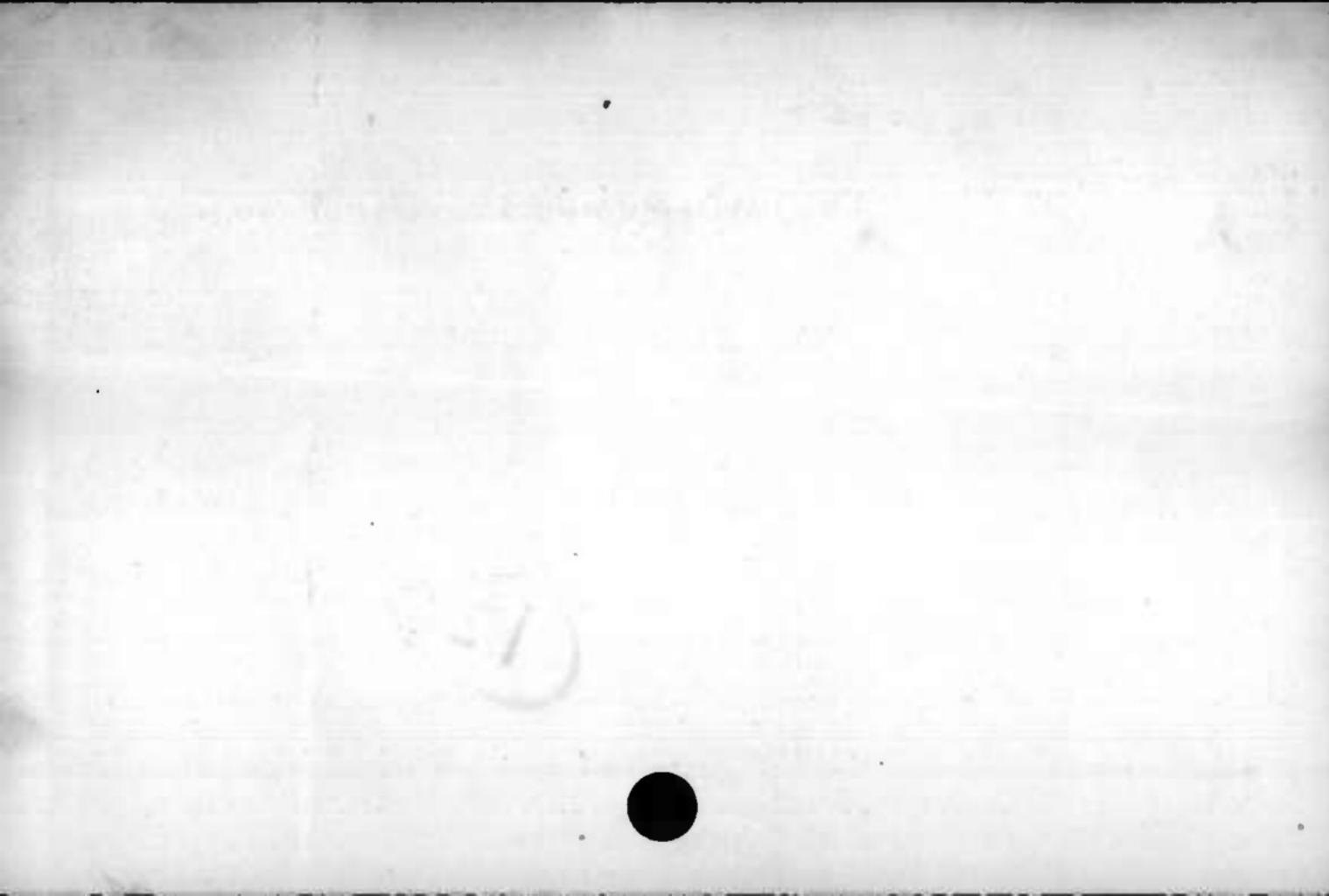
Yes

Signature of Physician

Address

P. H. Thompson
Barnesville
Maryland

Accident or Suicide?



Name
in
Full

Moses Smothee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Glen Echo <small>Town</small>		County	MARYLAND		
Date of death	1905	Month Mar	Day 1	Years 69	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Va	
Occupation	Labour		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Victoria Smothee			
Father's Name	Moses Smothee		Father's Birthplace	Va		
Mother's Maiden Name	Moseley Smothee		Mother's Birthplace	Va		
Name of person giving information	Victoria Smothee		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

How long

One year

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

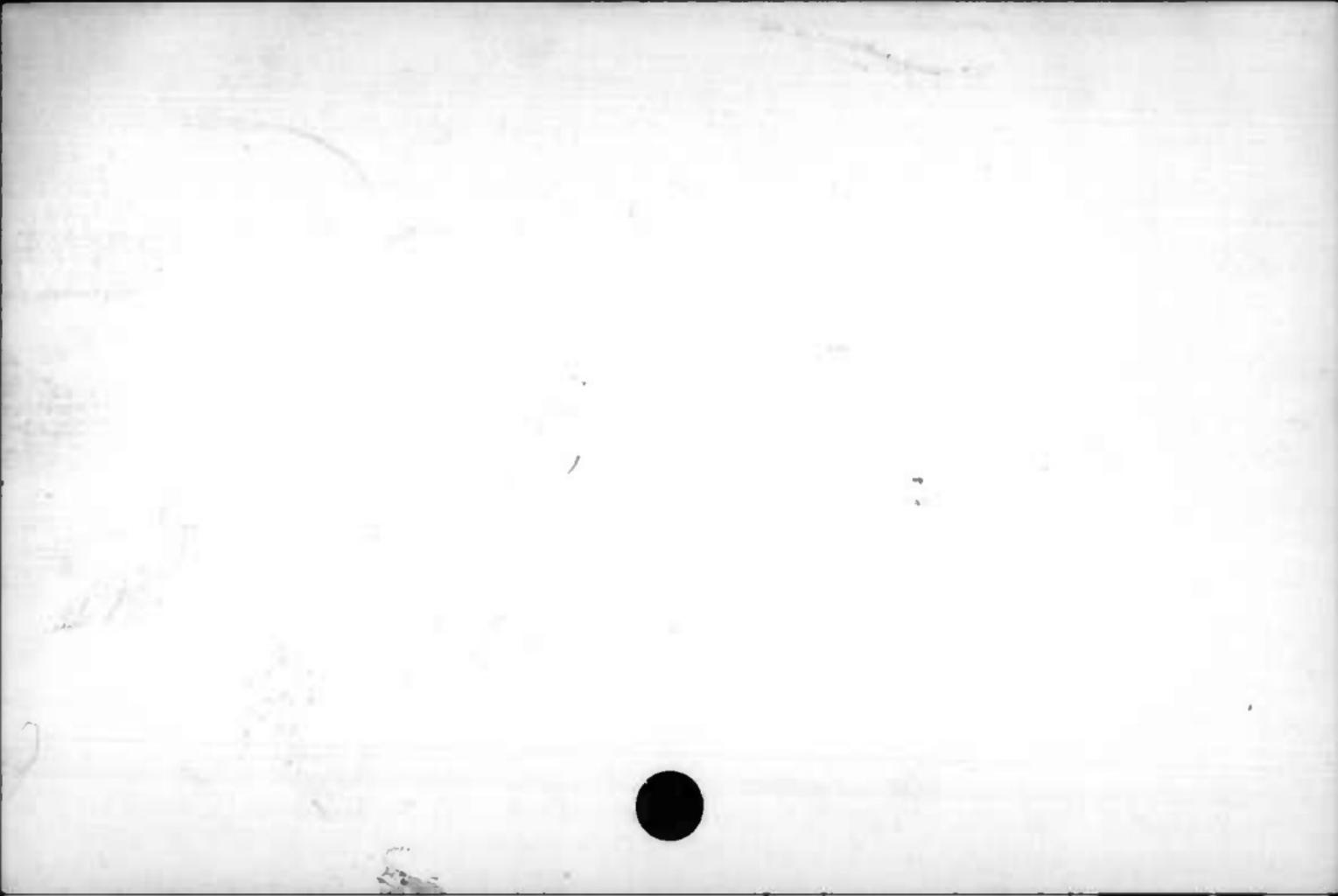
Yes

Signature of Physician

Address

Anthony M Ray Jr
Lemuel Taylor - Dr

Accident or Suicide?



Name
in
Full

Edward Cecilius Sifer

CERTIFICATE OF DEATH

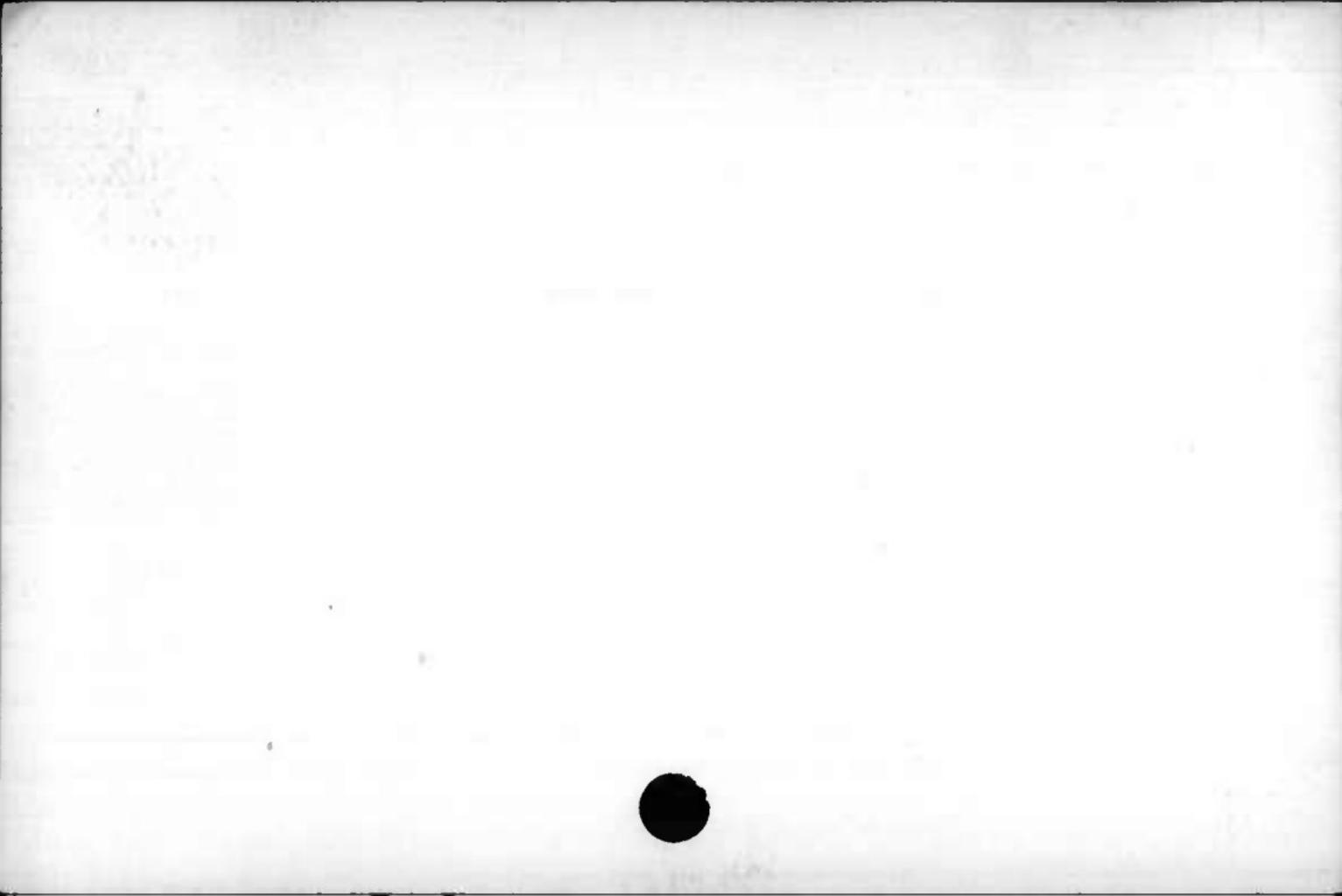
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Potlerville</u>		County <u>Montgomery</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>March</u>	Day <u>27</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Age	Birth-place <u>Potlerville Md</u>			
Occupation	Where Residing if not at place of death <u>Potlerville</u>					
Married, Single or Widowed	Name of Wife or Husband		Father's Name <u>Cecilius Sifer</u>	Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Lillian J Grossburg</u>			Mother's Birthplace <u>Md</u>	How related to deceased <u>physician</u>		
Name of person giving information <u>Dr B H Walling</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Congestion of lungs</u> (95)		How long <u>2 days</u>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>B H Walling</u>	
		Address <u>Potlerville</u>	
Accident or Suicide?	<u>no</u>		



Name
in
Full

Thompson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at <u>Martinsburg</u>		County <u>Montgomery</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>March</u>	Day <u>19</u>	Years	Months <u>8</u>	Days
Sex <u>Boy</u>	Color or Race <u>Black</u>	Birth-place <u>Martinsburg</u>			
Occupation <u>Boys</u>	Where Residing if not at place of death <u>Martinsburg</u>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Chas Thompson</u>	Father's Birthplace <u>Martinsburg</u>				
Mother's Maiden Name <u>Mary Peters</u>	Mother's Birthplace <u>Martinsburg</u>				
Name of person giving information <u>Robert Peters</u>	How related to deceased <u>Grand-father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cold - probably Pneumonia

How long

one week

Immediate

Congestious

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

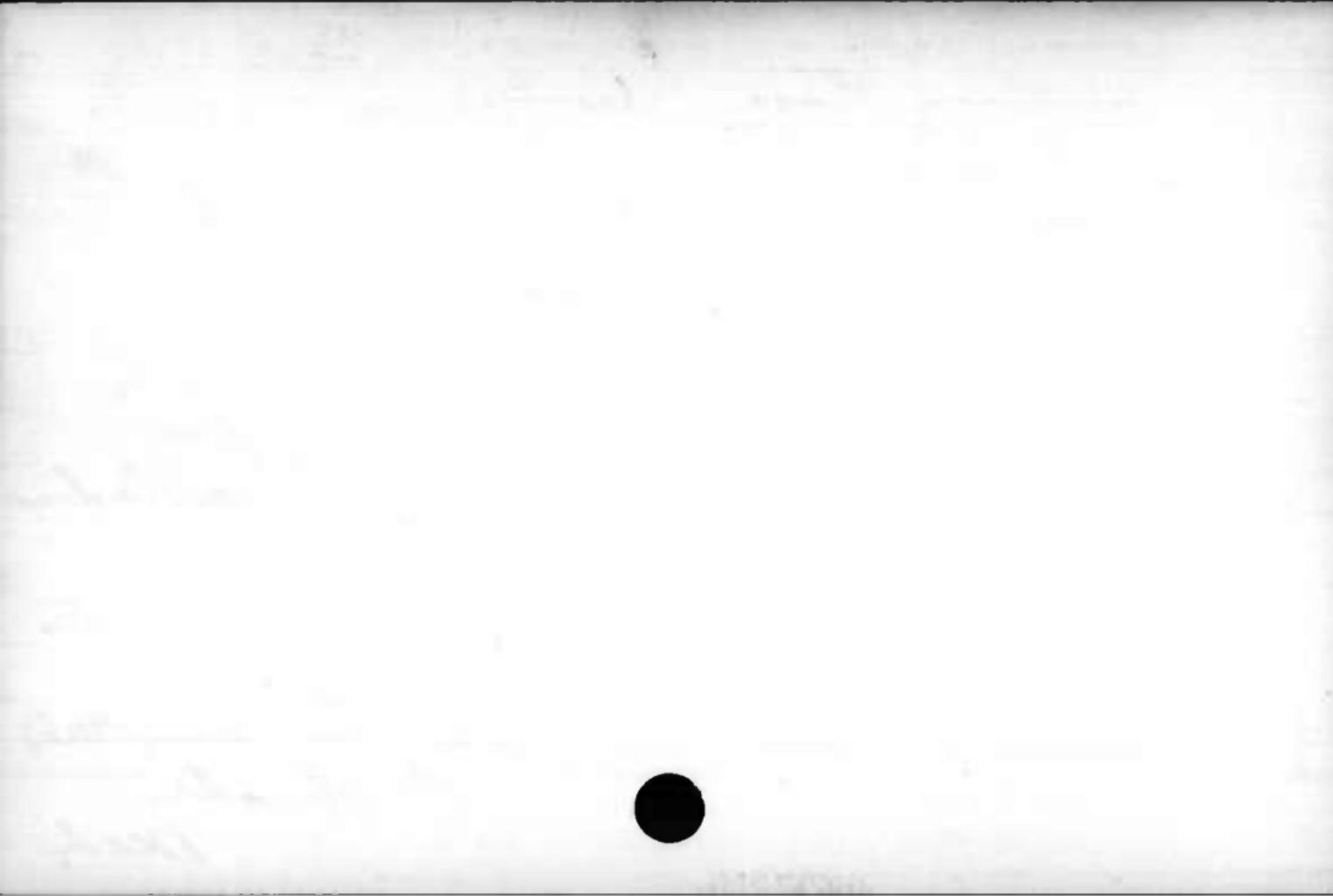
R. E. Holt sub-reg

Address

Porterville

Md

Accident or Suicide?



Name
in
Full

Robert Albert Warren

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	3	4	18	2	2	
Sex	Male	Color or Race	Negro	Birth-place	Med.	
Occupation	Laborer	Where Residing if not at place of death			/	
Married, Single or Widowed	Single	Name of Wife or Husband	✓			
Father's Name	Wilson Warren			Father's Birthplace	Med.	
Mother's Maiden Name	Lizzie Burley			Mother's Birthplace	Med.	
Name of person giving Information	John Burley			How related to deceased	Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis 2/11 How long 3 months
Immediate Exsanguination How long

Are the name, age, sex, color, date and place correctly given above?

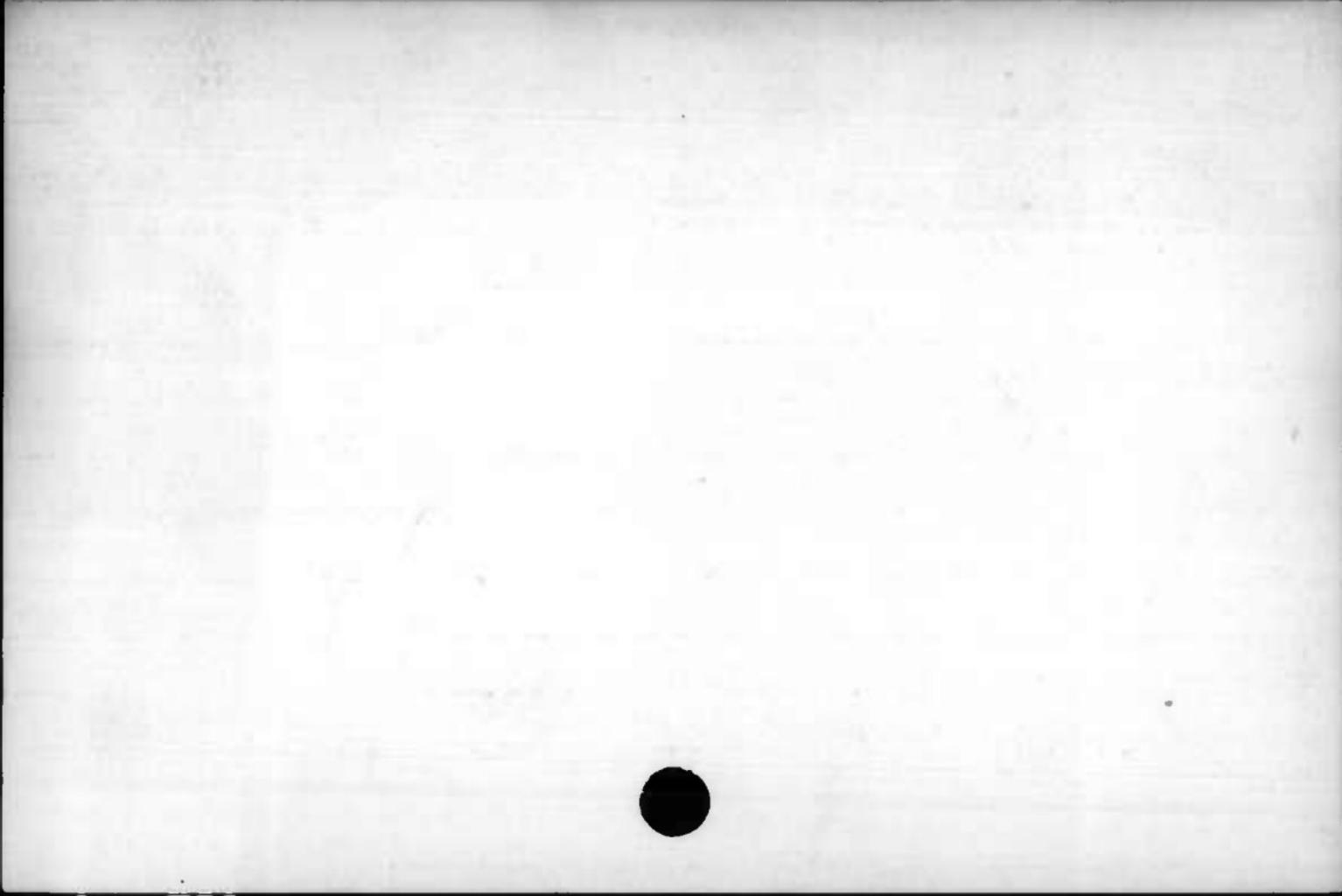
Yes

Signature of Physician

Address

John L. Lewis, M.D.
Baltimore
Med.

Accident or Suicide?



J. M. Clayton Williams

Died at Town Woodside County Maryland MARYLAND

Date 1893 - Mar 15	Month	Day	Y.	M.	D.	Native of	Occupation
	Male	White	Age 57	-	-	MD.	Farmer
	Female	Colored	Married	Widow	Divorced		
			Single	Widower		Number of children living	

Husband of Eliza C. Williams

Father's Name ✓ Mother's Name ✓

Cause of Death Primary Struck by R.R. Train How long sick

Death Immediate Struck 100 Accident, Suicide, Homicide

Reported by W.L. Lewis M.D.

Address

Rensselaer, NY

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Theodor Young

Town

Woolville

County

Montgomery Co.

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Md.

Occupation

Date 19 05

Month

Mar 9

Age

1. 2

Married

Widow

Native of

Md.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
NameCause of
Death

Death

Reported by

Address

Mother's
Maiden Name

Margaut Dan

How long sick

Primary

Immediate

Heart Disease

Accident, Suicide, Homicide

P.W. Walling

Woolville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

